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**ATTACHMENT E: Application Coversheet & Staffing List**

**FY23 CAHC Non-Competitive Application**

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| --- | --- |
|  Applicant fiduciary name: | CAHC address (*not* fiduciary):  |
|  CAHC name: |
| Contact Person (name, email, phone): |
| Authorized agency signatory name and title: |
| Authorized agency signatory email: |
| Authorized agency signature: |

|  |
| --- |
| Type of CAHC (*check all that apply*):[ ]  Clinical [ ]  Alternative Clinical [ ]  School Wellness Program[ ]  Behavioral Health Services [ ]  Network Services Model |
| Physical Location of CAHC (*check all that apply*):[ ]  Elementary [ ]  Middle School [ ]  High School [ ]  Alternative High School [ ]  Other: [ ]  N/A |
| Number of youth in target area/Number of youth in school :\_\_\_\_\_\_\_\_\_\_ |
| Number of unduplicated youth targeted for FY23: ­­\_\_\_\_\_\_\_\_\_\_ |

 **Funds Requested**

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| --- |
| Total Amount of Funds Requested: $ |

 **Behavioral Health Response Funding Opportunity**

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| [ ]  Yes, our CAHC would like to accept the Behavioral Health Response Funding Opportunity[ ]  No, our CAHC would not like to accept the Behavioral Health Response Funding Opportunity |

 **Behavioral Health Response Funding Assurances** *(Only check assurances if CAHC would like to accept Behavioral Health Response Funds)*

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| [ ]  Funds are supplemental to support the behavioral response resulting from the impact of COVID.  |
| [ ]  Funds cannot supplant projects, positions, or activities that are already funded or in place by the existing fiduciary, school district, ISD or other collaborating partners. |
| [ ]  Funds are temporary and only available for FY23. |
| [ ]  Funding will be used for services in the CAHC target population.  |

 **Assurances**

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| [ ]  Abortion services, counseling and referrals for abortion services will not be provided as part of the services offered. |
| [ ]  Services will comply with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the MDHHS and MDE. |
| [ ]  Family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed (*only check assurance if located on school property*). |
| [ ]  All CAHC Minimum Program Requirements will be met through the CAHC proposal. |
| [ ]  CAHC will notify CAHC Agency Consultant in writing within 10 days of main medical or mental health provider absence.  |

 **Authorized Agency Signatory
 (***Required)*

|  |
| --- |
| **Authorized agency signature: Date:** |

**
FY23 CAHC Staffing List**

List **all** staff members that work in the CAHC (e.g. Coordinator, Medical Director, Medical Provider, Mental Health Provider, Medical Assistant, RN, RD, Dental Hygienist, Outreach Coordinator, Case Manager, Health Educator, etc.).

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| **CAHC Site Name:** |
| **Staff Name** | **Title/Position/FTE** | **Email** | **Phone** |
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